

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

BARBARA MALLORY CARAWAY FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 764171

Check if different  
than previously  
reported. (ACC)

DALLAS

TX

75203

2. FEC IDENTIFICATION NUMBER ▼

C

C00501924

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

TX

30

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms LINDA MIMS

Signature of Treasurer

Ms LINDA MIMS

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

BARBARA MALLORY CARAWAY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	82485.19
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0.00	82485.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	0.00	81666.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	431.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	0.00	81234.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-472.64	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	7275.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BARBARA MALLORY CARAWAY FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2013

To:

M M / D D / Y Y Y Y  
06 / 30 / 2013

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

63125.00

(ii) Unitemized.....

0.00

11110.00

(iii) TOTAL of contributions from individuals ▶

0.00

74235.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

6000.00

(d) The Candidate.....

0.00

2250.19

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

82485.19

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

1000.00

1000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1000.00

1000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

431.99

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.21

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

1000.00

83917.39

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	81666.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	896.00	2818.22
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	896.00	84485.03

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-576.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1000.00
25. SUBTOTAL (add Line 23 and Line 24).....	423.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	896.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-472.64

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 9

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BARBARA MALLORY CARAWAY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BARBARA MALLORY CARAWAY FOR CONGRESS**

**A.**

Mailing Address P.O. BOX 764171

City

DALLAS

State

TX

Zip Code

75203

FEC ID number of contributing  
federal political committee.

**C**

C00501924

Name of Employer

Occupation

Receipt For: 2014

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 14 / 2013

**Transaction ID : SA13A.5218**

Amount of Each Receipt this Period

1000.00

Personal Loan/website/debt repayment

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

1000.00



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 7 OF 9

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5218

BARBARA MALLORY CARAWAY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

BARBARA MALLORY CARAWAY FOR CONGRESS

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
P.O. BOX 764171

City

State

ZIP Code

DALLAS

TX

75203

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 14 / 2013

Date Due

M M / D D / Y Y Y Y  
/ / 0000

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 8 OF 9

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4640

**BARBARA MALLORY CARAWAY FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

**BARBARA MALLORY CARAWAY**☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1934 ARGYLE AVE

City

State

ZIP Code

DALLAS

TX

75203

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M 03 /

D 15 /

Y 2012 Y

Date Due

M M /

D D /

Y 11/10/2012 Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

2000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 9

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**BARBARA MALLORY CARAWAY FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CLEAR CHANNEL OUTDOOR**

Nature of Debt (Purpose):

**BILLBOARDS**

Mailing Address P.O. BOX 847247

City State

Zip Code

DALLAS

TX

75284-7247

Outstanding Balance Beginning This Period

4500.00

Transaction ID : SD10.4518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FRAZIER GILLS, P.C.**

Nature of Debt (Purpose):

**CPA FEES**Mailing Address 400 S. ZANG BLVD.  
SUITE 330

City State

Zip Code

DALLAS

TX

75208

Outstanding Balance Beginning This Period

975.00

Transaction ID : SD10.4517

Amount Incurred This Period

0.00

Payment This Period

200.00

Outstanding Balance at Close of This Period

775.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5275.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

5275.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

2000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

7275.00